

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095002

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FAIRVIEW SHORES DEVELOPMENT, LLC

**Current Principal Place of Business:**

2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 61-1493798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARMA, BOBBY  
2104 BLUE IRIS PLACE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VARMA, BOBBY  
Address: 2104 BLUE IRIS PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: HAYTER, KEITH  
Address: 501 BLUFF OAK COURT  
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete  
Name: MURRAY, TIMOTHY  
Address: 3220 DEER CHASE RUN  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: BERCINI, RICHARD  
Address: 124 SEVILLE CHASE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BOBBY VARMA

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date